

Mortuary Science Establishment License Application

(Not to be used when renewing a license)

NONREFUNDABLE \$90 LICENSE FEE MUST BE MAILED WITH THIS COMPLETED APPLICATION.

1. <input type="checkbox"/> Funeral Establishment License * <input type="checkbox"/> Cremation Establishment License. * Check only one box. If you have both a funeral establishment and cremation establishment, you must fill out 2 establishment license applications, which would include 2 licensure fee payments. See 645 IAC 101.5.		
2. Preparation Room On-Site <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. <div style="border-bottom: 1px solid black; margin: 5px 0; text-align: center;"><i>Name of Funeral Establishment or Cremation Establishment</i></div> <div style="border-bottom: 1px solid black; margin: 5px 0; text-align: center;"><i>Owners Name</i></div> <div style="border-bottom: 1px solid black; margin: 5px 0; text-align: center;"><i>Corporation Name (if applicable)</i></div> <div style="border-bottom: 1px solid black; margin: 5px 0; text-align: center;"><i>(Physical) Address of Funeral Establishment or Cremation Establishment</i></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <i>City</i> <i>State</i> <i>Zip</i> </div>	4. <div style="border-bottom: 1px solid black; margin: 5px 0; text-align: center;"><i>Telephone Number</i></div> <div style="border-bottom: 1px solid black; margin: 5px 0; text-align: center;"><i>Alternate Telephone Number</i></div> <div style="border-bottom: 1px solid black; margin: 5px 0; text-align: center;"><i>E-mail Address (optional)</i></div> <div style="border-bottom: 1px solid black; margin: 5px 0; text-align: center;"><i>Owners Mailing Address (if different from the physical address)</i></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <i>City</i> <i>State</i> <i>Zip</i> </div>	

The following questions must be answered. If you answer "Yes" to question #5 – #9 below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

5. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)? If you have already reported this incident to the licensing board you do not need to report it again.	Yes No
6. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you? If you have already reported this incident to the licensing board you do not need to report it again.	Yes No
7. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).	Yes No
8. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).	Yes No
9. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes No

11. If this is a change of ownership or change of address, fill in the name and license number of the funeral/crematory establishment held by the previous owner or previous address. Return the original 8x10 license certificate to the board office.

Establishment

License Number

12. Check one of the following:

- ☐ Sole Proprietorship

☐ Limited Liability Company

☐ Professional Corporation

☐ Partnership

☐ Corporation *provide name* _____

13. Name and Address of establishment owner (individual(s) holding controlling interest in the corporation or business.) *(If necessary attach additional sheet)*

Name	Title and Position with the Establishment	Address	City/Zip	*Social Security No. or If Corporation give Tax Payer ID #

14. Name and License Number of all funeral directors employed by the establishment. *(If necessary attach additional sheet)*

Name	License #	Name	License #

If funeral directors are not employed by the establishment, provide a written explanation on a separate of paper describing the type of arrangement the establishment has with a funeral director and provide the name and license number of the funeral director.

Certification

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I certify that I have read and met all requirements pursuant to Iowa Administrative Rules Chapter 645.101.5 pertaining to funeral establishment license or cremation establishment license. This Chapter is located at <https://idph.iowa.gov/>

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally, in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

15. _____
Name of Responsible Authority of Establishment (please print)

Social Security Number

16. _____
Signature of Responsible Authority of Establishment

Date

*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. **Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Instructions/Checklist for Establishment Licensure

To complete the application, answer each question completely in ink. The following is a list of the supporting documents and fees required for licensure of an establishment. It is the applicant's responsibility to see that all required documents and fees reach the board office.

- ☐ The application fee is \$90. Make check or money order payable to the Iowa Board of Mortuary Science.
- ☐ Complete and sign the application
- ☐ Enclose the original license certificate **if** the establishment has a change in location. Print CLOSED on the back of the certificate, along with the date the establishment closed at that location.
- ☐ Return the original license certificate **if** the establishment has a change in ownership. The previous owner must return the original license certificate. Print the date that the transfer in ownership became effective on the back of the certificate.
- ☐ **If you answer "yes" to questions 5 through 9, (1) attach a signed letter of explanation, (2) provide the details of the incident, including the court or legal documents related to each incident, and (3) include information on any treatment program(s) you have attended. You must answer "YES" even when a conviction or judgment has been deferred or expunged from your record.**

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing. **Mail the original completed application, not a photocopy to:**

Contact Information: Iowa Department of Public Health Bureau of Professional Licensure Iowa Board of Mortuary Science Lucas State Office Bldg., 5th Floor 321 East 12th Street Des Moines, IA 50319-0075 Phone (515) 281-0254 FAX (515) 281-3121	Web/Contact Information Professional Licensure website: www.idph.iowa.gov/licensure Online Services website: www.ibplicense.iowa.gov Email: PLPUBLIC@idph.iowa.gov
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